

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Prosperity With Accountability</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00622043																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>HYP Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		11			D	D		05			Y	Y	Y	Y	Y	Y						
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Mailing Address 3350 Ridgelake Dr			Amount <table border="1" style="width:100%"> <tr><td>2714.40</td></tr> </table>			2714.40																							
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City Metairie	State LA	Zip Code 70002-3836	Transaction ID : VSGBJ9TWH32																										
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		11			D	D		05			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>17808.03</td></tr> </table>	17808.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
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City Metairie	State LA	Zip Code 70002-3836	Transaction ID : VSGBJ9TWH40																										
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		11			D	D		05			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate FAYARD, CATHRYN CAROLINE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>139115.03</td></tr> </table>	139115.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>5428.81</td></tr> </table>	5428.81
5428.81		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Evans, Diane, , ,

[Electronically Filed]

Date

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D	D	
06		

Y	Y	Y	Y	Y	Y

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Prosperity With Accountability</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00622043	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Premier Voters, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>PO Box 369</b>		Amount <b>15000.00</b>	
City <b>Springfield</b>	State <b>LA</b>	Zip Code <b>70462-0369</b>	Transaction ID : <b>VSGBJ9TWH66</b>
Purpose of Expenditure Estimated Canvass Consulting Services		Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>17808.03</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Premier Voters, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>PO Box 369</b>		Amount <b>15000.00</b>	
City <b>Springfield</b>	State <b>LA</b>	Zip Code <b>70462-0369</b>	Transaction ID : <b>VSGBJ9TWH73</b>
Purpose of Expenditure Estimated Canvass Consulting Services		Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>
Name of Federal Candidate <b>FAYARD, CATHRYN CAROLINE, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>139115.03</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>30000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Evans, Diane, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Flint Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>		
Mailing Address PO Box 420			Amount <b>93.63</b>		
City Madison	State IN	Zip Code 47250-0420	Transaction ID : VSGBJ9TWH81		
Purpose of Expenditure In-kind Received: Photograph		Category/ Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>17808.03</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>The Flint Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>		
Mailing Address PO Box 420			Amount <b>93.62</b>		
City Madison	State IN	Zip Code 47250-0420	Transaction ID : VSGBJ9TWH99		
Purpose of Expenditure In-kind Received: Photograph		Category/ Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 05 / 2016</b>		
Name of Federal Candidate FAYARD, CATHRYN CAROLINE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>139115.03</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>187.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>35616.06</b>

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